

Rac'D PTO

EXPRESS  
21 JUL 2005

EV 38647998/US 10/1543044

PTO/SB/81 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	JEFFREY ALLEN COOPER et al.
Title	ROBUST MODE STAGGERCASTING
Art Unit	
Examiner Name	
Attorney Docket Number	PU030044

I hereby appoint:

Practitioners at Customer Number  
OR

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations			
Address	THOMSON LICENSING INC.			
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP
Country	USA			
Telephone	609-734-6818	Fax	609-734-6888	

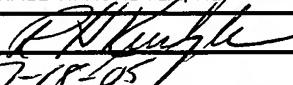
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	RONALD H. KURDYLA, REG. NO. 26,932		
Signature			
Date	7-18-05	Telephone	609-734-6818

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**THOMSON LICENSING S.A.**

We;

THOMSON Licensing S.A.  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003

DATED this 21<sup>st</sup> day of june, in the year 2005.

Signature:



Typed Name As Signed:  
Title:

Didier HUCK  
Chairman and CEO

**POWER OF ATTORNEY**  
THOMSON LICENSING S.A.

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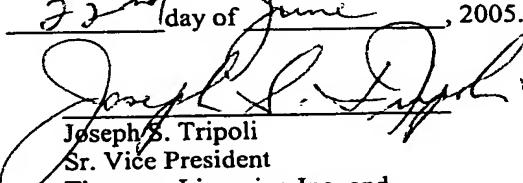
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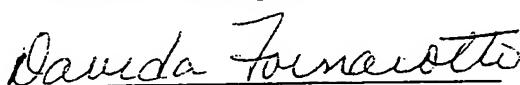
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 31<sup>st</sup> day of June, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON Licensing S.A.

WITNESS

  
David Fornacotto

EXPRESS EV38647998/1054304A

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PU030044
First Named Inventor		Jeffrey Allen Cooper.
<b>COMPLETE IF KNOWN</b>		
Application Number	/	
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ROBUST MODE STAGGERCASTING**

the specification of which *(Title of the Invention)*

is attached hereto  
OR  
 was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/443,672	01/28/03	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI			
Address	THOMSON MULTIMEDIA LICENSING INC.			
Address	P.O. Box 5312			
City PRINCETON	State NJ	ZIP 08543-5312		
Country USA	Telephone (609) 734 - 6834	Fax (609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name <u>KUMAR</u>		Family Name <u>RAMASWAMY</u> or Surname		
Inventor's Signature <i>Kumar Ramaswamy</i>			Date <u>20th Jan 2004</u>	
Residence: City <u>Princeton</u>	State <u>NJ</u>	Country USA	Citizenship IN	
Mailing Address 71 Sayre Drive				
Mailing Address				
City Princeton	State NJ	ZIP 08540	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name <u>JEFFREY ALLEN</u>		Family Name <u>COOPER</u> or Surname		
Inventor's Signature <i>Jeff Allen</i>			Date <u>1/20/04</u>	
Residence: City <u>Rocky Hill</u>	State <u>NJ</u>	Country USA	Citizenship USA	
Mailing Address 11 Toth Lane				
Mailing Address				
City Rocky Hill	State NJ	ZIP 08553	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
JILL MACDONALD		BOYCE		
Inventor's Signature	<i>Jill Mac Donald Boyce</i>			Date 1/20/04
Residence: City	Manalapan	State	NJ	Country USA
Mailing Address	3 Brandywine Court			
Mailing Address				
City	Manalapan	State	NJ	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Residence: City		State		Country Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Residence: City		State		Country Citizenship
Mailing Address				
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